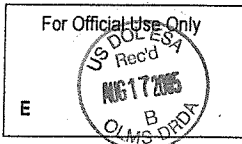


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8605	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Stephen M Cothron Sr P.O. Box, Bldg., Room No., if any Street 1409 Viola Dr City Brandon State Florida ZIP Code + 4 33511	4. Name, file number, and address of labor organization. Name Central North Florida Carpenters Regional Labor Organization File Number 540-887 Council P.O. Box, Building and Room Number, if any Suite 840 Street 7402 N 56th Street City Tampa State Florida ZIP Code + 4 33617
5. Position in labor organization. Council Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stephen M Cothron Sr.

On

8-11-05

Date

813-571-7676

Telephone Number

Name of Person Filing

Stephen M. Cothron Sr

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name FL Millwrights Piledrivers & Divers
Health & Welfare/Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

1449

Street

City GoodlettsvilleState TennesseeZIP Code + 4 37070-1449

11.a. Nature of such dealing.

Trust Fund Meeting in Ponte Vedra Florida

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hotel Room for Trust Meeting
April 26, 2004

12.b. Amount.

\$225.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Stephen M. Cothron Sr

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trust Fund Investment Manager

Trade Name, if any: NA

P.O. Box, Bldg., Room No., if any

Street NA

City

State ZIP Code + 4

11.a. Nature of such dealing.

Money Manager invests Pension Assets
for Trust Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner provided by Investment Manager
in Tampa Florida, January 26, 2004
at Fleming's Restaurant
Manager's name not available

12.b. Amount.

\$60.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trust Fund Investment Manager

Trade Name, if any: NA NA

P.O. Box, Bldg., Room No., if any

Street NA

City

State ZIP Code + 4

11.a. Nature of such dealing.

Money Manager invests Pension Assets
for Trust Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner provided by Investment Manager
in Ponte Vedra Florida at Ruth Chris
Steak House on April 26, 2004
Managers name not available

12.b. Amount.

\$60.00

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.